

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-17291		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY 10 106 2014 Monday			TIME: MILITARY 2255
CRASH OCCURRED ON				Wal-Mart - 1530 Walmart Dr. Lebanon, OH 45036		WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION				N E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE 8321
LOG-1		LOG-2		LOC JUR FH'9 FILT							
A	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTH DATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.		OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 02	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		USAA			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTHDATE		AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
Revels, Allen R				70 Lexington Court Springboro, OH 45066				937-885-1013			
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
2008	Mitsubishi	4s		Silver	4s	OH	037YJY	N/A	FROM TO		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX			CONDITION		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE			A B		
		ADDRESS		PHONE		SEX			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	RESTRAINTS		ALCOHOL		
		ADDRESS		PHONE		SEX	A B C D E F		A B		
		INJURED TAKEN TO		By				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED 2 YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED	
		INJURED TAKEN TO		By						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A	ORC CITY ORC	OFFENSE CHARGED AND DESCRIPTION						EJECTION		DRUGS	
O	ORC CITY ORC	OFFENSE CHARGED AND DESCRIPTION						A B C D E F		A B	
RECEIVED CALL 2255		DISPATCHED 2308		ARRIVED 2308		CLEARED 2323		OTHER TIME		TOTAL MINUTES 00offoff	
DATE REPORT FILED 10 8 2014		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Weithofer		BADGE NO. 134		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
										1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	